

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-876)					SERIAL NO.	FILING DATE								
					APPLICANT'S 091355809									
CLAIMS														
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT									
	IND.	DE	IND.	DEP.	IND.	DEP.								
1	/	/					51							
2	/		/				52							
3	/		/				53							
4	/		/				54							
5	/		/				55							
6	/		/				56							
7	3		/				57							
8	/		/				58							
9	0		/				59							
10	0		/				60							
11	0		/				61							
12	/	/					62							
13	/		/				63							
14	2		/				64							
15	2		/				65							
16	0		/				66							
17	0		/				67							
18	0		/				68							
19	0		/				69							
20	0		/				70							
21	0		/				71							
22							72							
23							73							
24							74							
25							75							
26							76							
27							77							
28							78							
29							79							
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37							87							
38							88							
39							89							
40							90							
41							91							
42							92							
43							93							
44							94							
45							95							
46							96							
47							97							
48							98							
49							99							
50							100							
TOTAL IND.	2		2				TOTAL IND.							
TOTAL DEP.	23	←	19	←	←	←	TOTAL DEP.	←	←	←	←			
TOTAL CLAIMS	25	21	21	21	21	21	TOTAL CLAIMS	21	21	21	21	21	21	21